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## REQUEST FOR UED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

		PCE TH
Application Number	09/837,936	
Filing Date	APRIL 19, 2001	
First Named Inventor	HAYDER RADHA	
Group Art Unit	2144	
Examiner Name	TAM T. PHAN	
Attorney Docket Number	US010209	

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114			
a. X Previously submitted			
<ul> <li>i. X Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on May 16, 2005, (Any unentered amendment(s) referred to above will be entered).</li> </ul>			
ii. Consider the arguments in the Appeal Brief or Reply Brief previously field on			
iii. Other			
b. Enclosed			
i. Preliminary Amendment			
ii. Affidavit(s)Declaration(s)			
iii.			
iv. Other(may not be a brief)			
2. Miscellaneous			
a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of			
months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i)			
b. Other			
3. Fees			
a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit			
any overpayments, to Deposit Account No. 14-1270			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED			
Name (Print Type)  Gregory L. Thorne  Registration No. (Attorney/Agent)  39,398			
M 2224 ()			
Signature Date 6 12 7 10 9  CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents,			
Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office tel# :on the date below:			
Name (Print Type) NOEMI CHAPA			
Signature Noemi Chapa Date 6/28/05			